

Information Item	2007 Information	Current or Updated Information <i>If 2007 information is correct, please leave this column blank.</i>
State/Territory	KANSAS	
Date Synopsis Completed		January 31, 2008
Does your state currently have a state dental director? Yes/No If No: How long has the position been vacant? Years/Months If No: Is your state actively searching to fill this position? Yes/No		No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> IF NO: Time Vacant: IF NO: Actively Searching: No: <input type="checkbox"/> Yes: <input type="checkbox"/> Comments:
Dental Director/Program Manager Name	Katherine Weno	
Is the current Dental Director/Program Manager temporarily acting until permanent director/manager is hired? No/Yes	No	Temporarily Acting: No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Comments:
Title	Director	
Credentials/Academic Degrees (e.g. DDS, RDH, MPH, MPA, DrPH, etc.)	DDS, JD	
Organization or agency	Kansas Department of Health and Environment Office of Oral Health	
Mailing Address	1000 SW Jackson, Suite 300 Topeka, KS 66612-1365	
Telephone	(785) 296-6536	785-296-5116
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E-mail	kweno@kdhe.state.ks.us	
Web site address	www.kdheks.gov/ohi	

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Number of children enrolled in Title XIX Medicaid for at least one month of the year (0-18 years) Year (State FY is preferred) Source Comments NOTE: <i>State fiscal year is preferred, but you may use federal FY or calendar year. Please denote SFY, FFY or CY under year (i.e. SFY 2006-07 or CY 2006).</i>	Number: 120630 Year: SFY 2005-2006 Source: Kansas Health Policy Authority	Number: 122649 Year: SFY 2006-2007 Source: KHPA Comments:
Number of children enrolled in Title XXI SCHIP for at least one month of the year Program type Upper eligibility standard (%FPL) Year Source Comments NOTE: <i>State fiscal year is preferred, but you may use federal FY or calendar year. Please denote SFY, FFY or CY under year (i.e. SFY 2006-07 or CY 2006).</i>	Number: 50390 Program type: Separate % FPL: 200 Year: SFY 2005-2006 Source: Kansas Health Policy Authority	Number: 35919 Program type: Separate % FPL: 200 Year: SFY 2006-2007 Source: KHPA Comments:

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Medicaid Program		
Does your state have Medicaid adult (21+) dental benefits for men and non-pregnant women ? Emergency only, Limited, Comprehensive	Yes Emergency Only	No: <input type="checkbox"/> Yes: <input type="checkbox"/> If yes, type of benefits: Comments:
State Medicaid programs are required to provide "pregnancy-related services and services for other conditions that might complicate pregnancy," both during pregnancy and 60 days post-partum, for women up to 133% of FPL. Some states have included dental benefits as part of these "pregnancy-related" services, regardless of whether they offer adult dental coverage. Does your state offer such "pregnancy-related" dental coverage? If yes, are the services emergency only, limited, or comprehensive?	NA	No: <input type="checkbox"/> Yes: <input type="checkbox"/> If yes, type of benefits: Comments:
Does your state have SCHIP adult (19+ years) dental benefits? Emergency only, Limited, Comprehensive	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> If yes, type of benefits: Comments:
EPSDT Program		
Does your state EPSDT program have a <i>dental</i> periodicity schedule that is separate and distinct from the overall periodicity schedule?	NA	No: <input type="checkbox"/> Yes: <input type="checkbox"/>
By what age does your state EPSDT guidance recommend a referral for a dental examination?	1	
Special Care Policies		
Does your state have any policies designed to increase access to oral health services for nursing home residents? Yes/No; Describe:	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Describe: Hygienists with Extended Care Permits can practice without direct supervision in long term care facilities.
Does your state have any policies designed to increase access to oral health services for the developmentally disabled? Yes/No; Describe:	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Describe: KS Medicaid provides a comprehensive dental benefit for enrollees for disabled adults on certain HCBS waiver programs. The State Oral Health Coalition, Oral Health Kansas, is developing a program to increase Medicaid providers and enrollee utilization for the DD population.

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Service Locations (clinics, health centers, health departments)		
Number of community-based dental clinics (number of sites) , such as CHCs, hospitals, or other facilities where dental services are provided free or at a reduced fee, regardless of funding source, which were operating during FY 2006-07. Year, Source	Number: 16	Number: 17 Year: 2007 Source: Kansas Association for Medically Underserved Comments:
Number of local health departments (city, county, etc.) that had a dental program during FY 2006-07 that offered: Educational services only Preventive services (topical fluorides, sealants, etc.) Preventive & restorative services Year, Source	Education: 0 Preventive: 0 Restorative: 2 NOTE: Count each health department only once.	Education only: Preventive (no restorative): Preventive & restorative: Year: Source: Comments:
Number of mobile dental clinic programs funded or otherwise supported by your state that offered: Educational services only Preventive services (topical fluorides, sealants, etc.) Preventive & restorative services Year Source	Education: 0 Preventive: 0 Restorative: 0 NOTE: Include only programs that are funded or supported by your state.	Education only: Preventive (no restorative): 2 Preventive & restorative: Year: Source: Comments: Two state funded mobile school sealant programs.
State/Territorial & Local Health Agencies		
How many state/territorial and local health agencies in your state have a service population of 250,000 or more? Include the state or territory health program if the state or territory population is 250,000 or more. Year, Source	Number: 2	Number: Year: Source: Comments:
How many of the agencies included in the response immediately above have a dental program? (To be counted, a program should have a separate budget) Year, Source	Number: 2	Number: Year: Source: Comments:

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How many of the dental programs included in the response immediately above are <i>directed by a dental professional?</i> (i.e. dentist, hygienist, or dental assistant) Year Source	Number: 2	Number: Year: Source: Comments:
How many of the directors included in the response immediately above have a <i>masters or higher public health related degree?</i> (MPH, MSPH, MSHA, PhD, DrPH) Year Source	Number: 0	Number: Year: Source: Comments:

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Number of dentists licensed by the state Year Source	2038	Number: 2026 Year: 2008 Source: Kansas Dental Board Comments:
Number of dentists with a license and address in state Year Source	1523	Number: 1413 Year: 2008 Source: Kansas Dental Board Comments:
Number of dental hygienists licensed by the state Year Source	2029	Number: 2132 Year: 2008 Source: Kansas Dental Board Comments:
Number of dental hygienists with a license and address in state Year Source	1555	Number: 1528 Year: 2008 Source: Kansas Dental Board Comments: Number with a Practice Address (not residence) in Kansas
Medicaid/SCHIP Participation: Some state programs differentiate between billing providers and performing/rendering/treating providers. A billing provider may be a corporation that employs a group of dentists while the treating provider is the dentist that actually performed the service.		
Number of dentists enrolled as Medicaid <u>billing</u> providers with at least one paid claim Medicaid only SCHIP only Combined Year Source	Medicaid: 243 SCHIP: 164 Combined:	Medicaid only: 355 SCHIP only: 300 Combined: Year: SFY 2006-7 Source: KHPA Comments:
Number of dentists enrolled as Medicaid <u>performing/rendering or treating</u> providers with at least one paid claim Medicaid only SCHIP only Combined Year Source	Medicaid: 243 SCHIP: 164 Combined:	Medicaid only: 355 SCHIP only: 300 Combined: Year: KHPA Source: Comments:

Information Item	2007 Information	Current or Updated Information
Number of Medicaid <u>billing</u> providers with paid claims \geq \$10,000 Medicaid only SCHIP only Combined Year Source	Medicaid: 134 SCHIP: 90 Combined:	Medicaid only: 158 SCHIP only: 101 Combined: Year: SFY 2006-7 Source: KHPA Comments:
Number of Medicaid billing dentists who saw 50 or more beneficiaries under age 21 Medicaid only SCHIP only Combined Year Source	Medicaid: 161 SCHIP: 91 Combined:	Medicaid only: 200 SCHIP only: 131 Combined: Year: SFY 2006-7 Source: KHPA Comments:
Number of Medicaid billing dentists who saw 100 or more beneficiaries under age 21 Medicaid only SCHIP only Combined Year Source	Medicaid: 131 SCHIP: 84 Combined:	Medicaid only: 149 SCHIP only: 71 Combined: Year: SFY 2006-7 Source: KHPA Comments:
Number of counties in your state without a dentist Number of counties Total population of those counties Year Source	Number: 11 Population: 30677	Number without a dentist: 14 Population: 43027 Year: 2007 Source: Office of Local and Rural Health Comments: 1 county does have an OK dentist providing services 1 day a week.
Number of counties in your state without an enrolled Medicaid billing dentist Number of counties Total population of those counties Year Source	Number: 21 Population: -1	Number: 22 Population: Year: Source: Comments:
Number of counties in your state without a Medicaid billing dentist who saw 50 or more beneficiaries under age 21	Number: 29	Number: 37 Year:

Year Source		Source: Comments:
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As of January 1, 2007, how many full years has the current dental director/program manager been in this position?	1	1
Does your dental director/program manager devote full-time to his/her duties? No/Yes	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Comments:
What percent of the dental director's time is spent on Medicaid or SCHIP issues?	10	5
What percent of the dental director's time is compensated by Medicaid or SCHIP?	50	0
How many full-time equivalent employees or contractors work in the state/territory dental health program? Include only employees or contractors working in state, district, county or local programs who are directly supervised by the state/territory dental director or program manager.	3	4
How many full-time equivalent employees or contractors are funded by the state/territory dental program? Include only employees working in state, district, county, or local programs who are directly supervised by someone other than the state/territory dental director or program manager.	1	.2
What percent of your dental budget is funded from each of the following?	Percent	Briefly describe how funds are used (i.e., personnel, sealant program, etc.)
Medicaid	21	Personnel, Administrative costs
Other State/Territory Funding	27	Personnel
HRSA		
<i>Maternal & Child Health (MCH) Block Grant (Title V)</i>	15	Personnel
<i>State Oral Health Collaborative Systems (SOHCS)</i>	13	Sealant Program, Data Collection
<i>Integrated Systems Development</i>		
<i>Bureau of Health Professions (Oral Health Workforce)</i>		
<i>Other HRSA Funding</i>		
CDC		
<i>Preventive Health & Health Services (PHHS) Block Grant</i>		
<i>State Infrastructure Funding</i>		
<i>Other CDC Funding</i>		
Other Public Funding		
Private Funding	24	FI Varnish Project, Office and Administrative Expenses

Information Item	Increased	Decreased	Remained the Same	
Compared to the prior fiscal year, has the total dental program budget for the current fiscal year , increased, decreased, or remained the same?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As a percent of the total dental program budget, have funds from the following sources increased decreased or remained the same as compared to the previous year? (check the appropriate column, if no funding mark NA)	Increased	Decreased	Remained the Same	NA/No Funding
Medicaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other State/Territory Funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HRSA				
MCH Block Grant (Title V)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SOHCS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated Systems Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bureau of Health Professions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other HRSA Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CDC				
PHHS Block Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State Infrastructure Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other CDC Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Public Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Private Funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your state or territory dental program budget ? Your response to this question will not be presented individually. It will only contribute to the aggregate national budget overview.	\$ 500000			Comments:

Programs: Which of the following programs **are funded, conducted or otherwise facilitated by your state or territorial dental health program?** For clarification, some program definitions are listed at the bottom of each page. Indicate which programs the state or territorial dental program supports by checking the "No" or "Yes" box then enter approximate number of individuals served annually by each program. If you do not have data on the number served by a program, please put "NA" in the "Number" box. Use the right hand column to provide a brief description of each program. (For example: "Our PANDA program provides two courses each year on how to detect and report child abuse. These courses are offered at the annual dental and dental hygiene meetings and are taught by dental school faculty."). You cannot enter more than 500 characters in this box, so please be brief.

Program	2007 Information	Current Information	Brief Description of Program (100 words or less)
Abuse/Neglect or PANDA Program (no/yes) Number of health professionals Data not available? Mark NA here	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number: 70	During Child Abuse Prevention Month Delta Dental of KS provides PANDA training. Additional PANDA related activities during the year reached another 3750 people which could include health professionals..
Access to Care Programs (no/yes) Number of people served Data not available? Mark NA here	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number: 24969	Kansas safety net clinics are implementing a "dental hub" concept to provide access to uninsured and Medicaid patients across Kansas. The number served is unduplicated dental service users in the clinics acrosss Kansas. The 2006-7 legislature appropriated funds for dental hubs to the KDHE primary care office, the Office of Oral Health participated in the granting process.
Dental Screening Programs (no/yes) Number of people screened/referred Data not available? Mark NA here	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number: NA	The Office of Oral Health and the Bureau of Family Health have trained school nurses to do oral health screenings in schools with a DIAGnodent. This was the final year for this project.
Dental Sealant Programs (no/yes) Number of children served Data not available? Mark NA here	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number: NA	There are 2 state funded school screening programs. Kansas hygienists also do sealant programs without state funding.
ECC Prevention Programs (no/yes) Number served Data not available? Mark NA here	No	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number:	Fluoride Varnish outreach program, Kansas Head Start has oral health education for home visitors, child care provider education.
Fluoride Mouthrinse Programs (no/yes) Number of children served Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	

Fluoride Supplement Programs (no/yes) Number of children served Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	
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Access to Care Programs: Programs designed to increase access to restorative dental services. Examples include dental clinics operated/funded by the state oral health program, programs that assist with payment for dental services (not including Medicaid), and tax credit programs for dental providers in underserved areas.

Dental Screening Programs: Programs that provide screening and referral services. Do not include screenings that are performed as part of an oral health survey (include those screenings under "Oral Health Surveys").

Program	2007 Information	Current Information	Brief Description of Program (100 words or less)
Fluoride Varnish Programs (no/yes) Number of children served Data not available? Mark NA here	Yes	No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number:	Two half time RDHs educate medical providers about varnish.
Mouthguard/Injury Prevention Programs (no/yes) Number of people served Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	
Needs Assessments - do you have state specific oral health data from these sources? Do not include open-mouth surveys. Number of people surveyed Data not available? Mark NA here	BRFSS No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Number: Three questions on BRFSS Youth risk behavior survey No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number: Pregnancy risk survey No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number: Other No: <input type="checkbox"/> Yes: <input type="checkbox"/> Number: Describe:		
Oral Health Education/Promotion (no/yes) Number of people served Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	
Oral Health (open-mouth) Surveys. Do not include BRFSS or YRBS (no/yes) Number of people surveyed Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	Survey done in 2004, and new survey will be complete in 2007.
Oral health programs specifically for pregnant women (no/yes)? Number of pregnant women served Data not available? Mark NA here	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Number:	
System for recording and referring children with cleft lips, palates, and other craniofacial anomalies to rehabilitative teams (no/yes)?	No	No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
Do you have Medicaid dental claims data to help support or monitor your oral health program (no/yes)?	Medicaid dental claims data No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>		

Oral Health (open-mouth) Surveys: Oral health screenings that are completed for the purpose of oral health surveillance. Do not include screenings that are performed solely for the purpose of screening & referral (include those screenings under "Dental Screening Programs").

Other Programs	2007 Information	Current Information	Brief Description of Program (100 words or less)
Other Program 1 Name of program Who is served by program? Number of people served	Kansas Mission of Mercy 2338 Individuals	Kansas Mission of Mercy 1441	Two day event providing free dental care with volunteer dental professionals.
Other Program 2 Name of program Who is served by program? Number of people served	Give Kids a Smile Day 56 Children	Give Kids a Smile	Data not available.
Other Program 3 Name of program Who is served by program? Number of people served	Donated Dental Services Program 211 Individuals	Donated Dental Services 247	Dentists and dental labs provide free dental care to eligible individuals.
Other Program 4 Name of program Who is served by program? Number of people served			

RETURN BY FEBRUARY 28, 2008

Email completed questionnaire to: krp123@charter.net
or mail to Kathy Phipps, 255 Bradley Avenue, Morro Bay, CA 93442

If you have questions, please call Kathy at 805-771-9843.